

Fill in this information to identify the case:Debtor name GL Brands, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☐ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☒ Amended Schedule _____
- ☒ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 17, 2020X /s/ Carlos Frias

Signature of individual signing on behalf of debtor

Carlos Frias

Printed name

Chief Executive Officer

Position or relationship to debtor

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Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>16,683.28</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>16,683.28</u>

Part 2: Summary of Liabilities

2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>260,240.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>11,430,206.01</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>11,690,446.01</u>

Fill in this information to identify the case:Debtor name GL Brands, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

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☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$236.95

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

4. Other cash equivalents (Identify all)

4.1. Investment in Green Lotus

\$1.00

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$237.95**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Retainers

\$10,000.00

Debtor GL Brands, Inc.
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8.2. Deposit \$6,444.339. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$16,444.33**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
15.1.	<u>ECS Labs, LLC</u>	<u>100%</u> %	<u>Unknown</u>

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Debtor GL Brands, Inc.
Name

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Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>https://glbrands.com</u>	<u>Unknown</u>		<u>\$0.00</u>
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property <u>Intellectual property</u>	<u>\$0.00</u>		<u>\$1.00</u>

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$1.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
- ☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.

Debtor GL Brands, Inc.
Name

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☐ Yes Fill in the information below.

Debtor GL Brands, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$237.95	
81. Deposits and prepayments. Copy line 9, Part 2.	\$16,444.33	
82. Accounts receivable. Copy line 12, Part 3.	\$0.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$1.00	
90. All other assets. Copy line 78, Part 11.	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$16,683.28	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$16,683.28

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1 Merida Capital Partners II LP

Creditor's Name

641 Lexington Ave. 18th Floor
New York, NY 10022

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
7 Promissory Notes

Describe the lien

Promissory Note

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes
- Is anyone else liable on this claim?
- ☐ No
- ☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

\$260,240.00**\$16,683.28**

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$260,240.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Kleinberg, Kaplan, Wolff & Cohen PC
500 Fifth Avenue
New York, NY 10110Line 2.1

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Accell Audit & Compliance, PA
4806 W. Gandy Blvd.
Tampa, FL 33611

Date(s) debt was incurred July 2020

Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$125.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Professional FeesIs the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

Admiral Insurance Company
1000 Howard Blvd., Suite 300
Mount Laurel, NJ 08054

Date(s) debt was incurred _____

Last 4 digits of account number 8402

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: InsuranceIs the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

Alexandro Frias
14503 Islip Circle
Apt. 12107
Fort Worth, TX 76155

Date(s) debt was incurred 5/31/2019

Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$1,600,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Employment AgreementIs the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address

Ardor Investments

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$5,000.00

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Consulting FeeIs the claim subject to offset? ☒ No ☐ Yes

Debtor GL Brands, Inc.		Case number (if known) _____	
Name _____			

3.5	Nonpriority creditor's name and mailing address Bemeir LLC 159 20th Street, Suite 1B Brooklyn, NY 11232 Date(s) debt was incurred <u>March 2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,000.00
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3.6	Nonpriority creditor's name and mailing address Bob Stein Saturn Systems PO Box 842 Bailey, CO 80421 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,230.96
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3.7	Nonpriority creditor's name and mailing address Brunsun, Chandler & Jones 175 S. Main Street 14th Floor, Suite 1410 Salt Lake City, UT 84111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,592.50
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3.8	Nonpriority creditor's name and mailing address BVP 3939 Belt Line LLC 5740 Cedar Grove Circle Plano, TX 75093-8576 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Addison Office Rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,445.41
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3.9	Nonpriority creditor's name and mailing address California Franchise Tax Board PO Box 942857 Sacramento, CA 94257-0500 Date(s) debt was incurred <u>2019-2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Franchise Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,640.00
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3.10	Nonpriority creditor's name and mailing address Carlos Frias 1609 Raton Drive Arlington, TX 76018 Date(s) debt was incurred <u>5.31.2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employment Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400,000.00
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3.11	Nonpriority creditor's name and mailing address Carter, Terry & Company c/o Timothy Terry 3060 Peachtree Rd, Suite 1200 Atlanta, GA 30305 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor GL Brands, Inc.		Case number (if known) _____	
Name _____			

3.12	Nonpriority creditor's name and mailing address Cox Communication Cox Business PO Box 53262 Phoenix, AZ 85072-3266 Date(s) debt was incurred _____ Last 4 digits of account number <u>9701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cable TV</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$832.75
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3.13	Nonpriority creditor's name and mailing address Emily Laue c/o Shuck Law, LLC 208 E. 25th Street Vancouver, WA 98663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
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3.14	Nonpriority creditor's name and mailing address Geico Casualty Company 2280 North Greenville Ave. Richardson, TX 75082 Date(s) debt was incurred _____ Last 4 digits of account number <u>4119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.15	Nonpriority creditor's name and mailing address GlobalOne Filings, Inc. 3451 Via Montebello Unit 192-410 Carlsbad, CA 92009 Date(s) debt was incurred <u>September 2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SEC Filing Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
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3.16	Nonpriority creditor's name and mailing address Globex Transfer LLC 780 Blvd., Suite 202 Deltona, FL 32725 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Registered Agent Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$906.00
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3.17	Nonpriority creditor's name and mailing address Indiva Advisors 3571 E. Sunset Rd., Suite 206 Las Vegas, NV 89120 Date(s) debt was incurred <u>November 2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.18	Nonpriority creditor's name and mailing address KCSA Strategic Communications 420 Fifth Avenue, 3rd Floor New York, NY 10018 Date(s) debt was incurred <u>June 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Shareholder relations work</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$159,000.00
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3.19	Nonpriority creditor's name and mailing address Kleinberg, Kaplan, Wolff & Cohen PC 551 Fifth Avenue 18th Floor New York, NY 10176 Date(s) debt was incurred <u>May 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,482.00
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3.20	Nonpriority creditor's name and mailing address KSW Group LLC 1914 E. 9400 S, Suite 319 Sandy, UT 84093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
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3.21	Nonpriority creditor's name and mailing address Marketing Completion Fund, Inc. 204 West Spear Street #3761 Carson City, NV 89703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,290.85
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3.22	Nonpriority creditor's name and mailing address McLetchie Law 701 E. Bridger Avenue Suite 520 Las Vegas, NV 89101 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,907.19
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3.23	Nonpriority creditor's name and mailing address MCP Wellness II LP 641 Lexington Avenue 18th Floor New York, NY 10022 Date(s) debt was incurred <u>November 2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000,000.00
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3.24	Nonpriority creditor's name and mailing address New Jersey Division of Taxation PO Box 666 Trenton, NJ 08646-0666 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,052.43
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3.25	Nonpriority creditor's name and mailing address Newlee LLC 6387 Camp Bowie Suite 317 Fort Worth, TX 76116 Date(s) debt was incurred <u>November 2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
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Debtor	GL Brands, Inc. Name	Case number (if known)
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3.26	Nonpriority creditor's name and mailing address Ngoc Quang "Daniel" Nguyen 10107 Wittenburg Way Cocoa Beach, FL 32932 Date(s) debt was incurred <u>5.31.2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employment Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address NY State-Dept. of Taxation & Finance 575 Boices Lane Clarksville, NY 12041-1083 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$532.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address OTC Market Group 300 Vesey Street, 12th Floor New York, NY 10282 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stock Market Trading Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Post Launch 8020 W. Sahara 3260 Las Vegas, NV 89117 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Richard A. Bolandz 190 Webster Way Henderson, NV 89074 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address SBA First Federal Bank 4705 US Hwy 90W Lake City, FL 32055 Date(s) debt was incurred <u>2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan for \$611,000</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Sunset Park Properties, LLC PO Box 365376 Henderson, NV 89044 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor GL Brands, Inc.		Case number (if known) _____	
Name _____			

3.33	Nonpriority creditor's name and mailing address Tennessee Dept. of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242 Date(s) debt was incurred <u>2018-2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sales Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.00
<hr/>			
3.34	Nonpriority creditor's name and mailing address The Hartford 3000 Internet Blvd. #600 Frisco, TX Date(s) debt was incurred <u>4/2019</u> Last 4 digits of account number <u>9936</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,489.00
<hr/>			
3.35	Nonpriority creditor's name and mailing address The Protocol 99 A Court Street Plymouth, MA 02360 Date(s) debt was incurred <u>10/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,150.00
<hr/>			
3.36	Nonpriority creditor's name and mailing address Tonkon Torp LLP 1600 Pioneer Tower 888 SW 5th Ave., Suite 1600 Portland, OR 97204 Date(s) debt was incurred <u>2/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,161.65
<hr/>			
3.37	Nonpriority creditor's name and mailing address TradeCraft Origin 2929 West Bayshore Court Tampa, FL 33611 Date(s) debt was incurred <u>10/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Brokerage Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
<hr/>			
3.38	Nonpriority creditor's name and mailing address Travelers PO Box 660317 Dallas, TX 75266-0317 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>2195</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,363.00
<hr/>			
3.39	Nonpriority creditor's name and mailing address Voice Plus 2505 Anthem Village Dr. E-190 Henderson, NV 89052 Date(s) debt was incurred <u>12/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Telephone Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor GL Brands, Inc.
Name

Case number (if known) _____

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 Steve Clark Brennan & Clark, Ltd. 721 E. Madison, Suite 200 Villa Park, IL 60181	Line <u>3.34</u>	<u>1169</u>
	<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a. \$	<u>0.00</u>
5b. + \$	<u>11,430,206.01</u>
5c. \$	<u>11,430,206.01</u>

Fill in this information to identify the case:

Debtor name GL Brands, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract _____

Alexandro Frias
14503 Islip Circle
Apt. 12107
Fort Worth, TX 761552.2. State what the contract or lease is for and the nature of the debtor's interest **Retainer Agreement for IT Services**State the term remaining **3.31.2021**

List the contract number of any government contract _____

Bemeir, LLC
159 20th Street, Suite 1B
Brooklyn, NY 112322.3. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract _____

Brian D. Moon
2017 Hillcrest Street
Fort Worth, TX 761072.4. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract _____

Carlos Frias
1609 Raton Drive
Arlington, TX 76018

Debtor 1 **GL Brands, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Office Lease in Addison, TX**

State the term remaining

List the contract number of any government contract

Dillon Buhruhl
Pillar Commercial
8222 Douglas Ave.
Suite 200
Dallas, TX 75225

2.6. State what the contract or lease is for and the nature of the debtor's interest **Product Sales Agreement**

State the term remaining **12/12/2021**

List the contract number of any government contract

GS Holistic, LLC
644 N. Fuller Ave. #301
Los Angeles, CA 90036

2.7. State what the contract or lease is for and the nature of the debtor's interest **Securities Purchase Agreement**

State the term remaining

List the contract number of any government contract

Mark Rosales
2343 Brittan Ave.
San Carlos, CA 94070

2.8. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract

Ngoc Quang "Daniel" Nguyen
10107 Wittenburg Way
Cocoa Beach, FL 32932

2.9. State what the contract or lease is for and the nature of the debtor's interest **Manufacturing & Supply Agreement**

State the term remaining **3.4.2021**

List the contract number of any government contract

Ontel Products Corporation
21 Law Dr.
Fairfield, NJ 07004

2.10. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement**

State the term remaining

List the contract number of any

Sunset Park Properties, LLC
PO Box 365376
N. Las Vegas, NV 89044

Debtor 1 **GL Brands, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Revised Green Lotus /
TCO GTM & Performance
Terms**

State the term remaining

January 31, 2021

List the contract number of any government contract

TradeCraft Origin

Fill in this information to identify the case:

Debtor name GL Brands, Inc.United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 B&B Aesthetics Labs, LLC	PO Box 470458 3101 West 6th Street Fort Worth, TX 76147-9998	Merida Capital Partners II LP	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 ECS Labs, LLC	PO Box 470458 3101 West 6th Street Fort Worth, TX 76147-9998	Merida Capital Partners II LP	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Leafceauticals, inc.	PO Box 470458 3101 West 6th Street Fort Worth, TX 76147-9998	Merida Capital Partners II LP	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 The Texas Wellness Center, LLC	PO Box 470458 3101 West 6th Street Fort Worth, TX 76147-9998	Merida Capital Partners II LP	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____